

To: Duszynski, R, Noonan, R, Tanchyk, R, Zecca, Anthony, Schwalm, S, Ridge, Robert, Keeney, David, Smith, Richard A., Jurgensen, Kurt T., Cote, Raymond A., Sheft, S N., Macleod, Stephen, Mclean, James J., Steele, Robert R., Coslett, Job H., Salerno, Joseph S., Close, Scott P., Bain, Georgia A., Tisinger, Michael D., Haskin, Susan J., Clary, Nancy A., Miller, D S., Cook, Bruce A.
From: 1610 - Buffalo ROU (BRZEZIE)
Posted: 6/23/98 11:26
Opened: 6/23/98 12:55
Subject: ADDITION TO LEM68 - FORSYTH /NEW WORLD

Please include the following spreadsheets with e-mail sent on 6/22/98 (high priority) regarding Forsyth/New Wold (attachments LEM68-98.doc & LEM68a.doc) - they were not sent in error.

Any questions, please advise.....

CC: MacWilliams, Lori, Rush, Sarah, 1600 - Buffalo Region (BURRELL)

51845 4076

TPS Buydown Payment Request

Date Submitted:

Voucher Amount:

Check to be sent to: Payee ROU forward to you

ROU forward to you

Explanation to appear on check stub: _____
(Input for Instructions Section In TPS)

(Input for Instructions Section in TPS)

Account to be paid: SIS# **NAME:**

Update Activity? YES

Update Activity Against: SIS#

DB

Chain ID

SPREAD OPTION: REQUIRED IF PAYING DIRECT OR INDIRECT ACCOUNT, OR CHAIN

Distribute Activity based on store SIS volume
 Distribute Activity evenly across stores

RECT ACCOUNT, OR CHAIN

Do Not Update Activity

Reason:

PROGRAM SPECIFICS

Promotion Dates **From:** _____ | **To:** _____ |

Explanation for Program: _____
(Input for Notes Section In TPS)

Employee #:

Division #:

ROM &/or RSM Approval Signature

Signature:

Coordinator - Review for Accuracy

- * Submit ONE of the Following As Documentation - Listed in Order of preference By Sales Finance 1) Retail Scanning 2) AIM Report 185 3) Direct Account Invoices

ROU Use Only:

Date Received:

Date Processed:

Need Further Information

Rev Date: 7/6/98

44045 18451

FORSYTH RETAIL ACCOUNT PRIVATE LABEL/EDLP DOCUMENTATION FORM

Account Name: _____
Address (City & State): _____
SIS/CHAIN ID #: _____

OF STORES: _____
OF WEEKS: _____
DIVISION/TERR #:

Listed below are your sales for the time period from _____ through _____ for RJR Distributor Private Label Brands OR Monarch/Best Value brands:

RJR Distributor Private Label:

Best Choice

Brandon

Cardin

Focus

Highw

Jacks

Market

Quality Smo

Pilot

Price R

Rainbow

Worth

Other: _____

Cartons Purchased

RJR EDLP:

Monarch

Best Value

*****BACK UP DOCUMENTATION MUST BE MADE AVAILABLE UPON REQUEST *****

IMPORTANT II

**RETAILER MUST PARTICIPATE IN RJR'S FULL PARTNERSHIP MERCHANDISING
AGREEMENT IN ORDER TO QUALIFY FOR PAYMENT**

	CARTONS	RATE	PAYMENT
Distributor PL	-	X	= \$
EDLP	-	X	= \$
TOTAL PAYMENT			\$

SR / Manager NAME (PLEASE PRINT):	
Retailer Signature:	
DATE REQUESTED:	

***** By signing this document, the Retailer hereby certifies that the information stated is true and correct to their knowledge.**

51845 4078